

**BUSINESS CORPORATION**

**STATE OF MAINE**

**TERMINATION OF STATEMENT OF  
INTENTION TO DO BUSINESS UNDER  
AN ASSUMED OR FICTITIOUS NAME**

\_\_\_\_\_  
Deputy Secretary of State

**A True Copy When Attested By Signature**

\_\_\_\_\_  
Deputy Secretary of State

\_\_\_\_\_  
(Real Name of Corporation)

Pursuant to [13-C MRSA §404.8](#), the undersigned corporation executes and delivers the following Termination of Statement of Intention to do Business Under an Assumed or Fictitious Name:

**FIRST:** The corporation no longer intends to transact business under an assumed or fictitious name.

**SECOND:** The corporation intends to terminate the assumed or fictitious name of

\_\_\_\_\_.

**DATED** \_\_\_\_\_

\*By \_\_\_\_\_  
(signature of any duly authorized person)

\_\_\_\_\_  
(type or print name and capacity)

\*This document **MUST** be signed by any duly authorized officer **OR** the clerk. ([§121.5](#))

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,  
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**